

Louisiana Board of Pharmacy

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BULLETIN No. 19-03

To: All pharmacies, pharmacists, interns, technicians, and technician candidates

From: Malcolm J Broussard, Executive Director

Date: August 18, 2019

Re: Act 426 of 2019 Legislature ~ Quantity Medically Necessary

La. R.S. 40:978 is the section of state controlled substance law relative to prescriptions for controlled substances. Subsection G of Section 978 was enacted in 2017 and it contains three paragraphs:

- <u>Paragraph 1</u> imposes a seven-day supply limit on first-time opioid medications for outpatient use in adult patients with an acute condition, as well as a seven-day supply limit for minor patients at any time.
- Paragraph 2 provides four exceptions:
 - When the prescriber determines that more than a seven-day supply is needed to treat the patient's acute medical condition.
 - > Opioid prescriptions for chronic pain management.
 - Opioid prescriptions for pain associated with a cancer diagnosis.
 - > Opioid prescriptions for palliative care.
- <u>Paragraph 3</u> provides an exemption for opioid medications indicated for the treatment of substance abuse or opioid dependence. Such prescriptions are not subject to the seven-day supply limit.

Act 426 of the 2019 Legislature, which became effective on August 1, 2019, amended Paragraph 2 of Subsection G of R.S. 40:978 by adding a final sentence to that paragraph: "The medical practitioner shall indicate on the prescription that more than a seven-day supply of the opioid is medically necessary."

The Board is aware of multiple misconceptions about the new law and offers the following guidance information:

- The new law is <u>not</u> applicable to prescriptions issued prior to August 1, 2019, including those prescriptions with refills remaining.
- The new law is <u>not</u> applicable to inpatient prescriptions or medical orders for inpatient use.
- The new law is <u>not</u> applicable to prescriptions for opioid medications indicated for the treatment of substance abuse or opioid dependence. Such prescriptions are exempt from the seven-day supply limit; therefore, there is no requirement to certify the medical necessity of any quantity.

- The new law is <u>not</u> applicable to any opioid prescription written for any quantity constituting a seven-day supply or less.
- The new law <u>is</u> applicable to all non-exempt opioid prescriptions written for any quantity exceeding a seven-day supply.
- The new law does not require the use of any specific words to convey the medical necessity for the quantity ordered; however, the words used by the practitioner must reflect the medical necessity of any quantity greater than a seven-day supply.
- Perhaps the shortest and most accurate description of the medical necessity for the
 quantity ordered is "quantity medically necessary." We have also seen "exempt from
 seven-day limit"; that certainly conveys the intent of the law and is acceptable. There
 may be other phrases that also convey the intent of the law and could be acceptable.
 Since the Board presumes that all legitimate prescriptions are medically necessary, the
 use of "medically necessary" alone does not convey the intent of the law which requires
 the quantity to be certified as medically necessary.
- The new law does not specify how the medical necessity indicator is to be applied to the
 prescription, but it does need to be applied to the prescription. Therefore, general
 instructions communicated separately does not meet the requirement of the law.
- For written prescription forms, the prescriber may use stamps, pre-printed or handwritten
 notations on the form. For electronic prescriptions, the prescriber may use pre-formatted
 statements within the prescription software as long as those statements are included in
 the electronic prescription received at the pharmacy. For verbal prescriptions, the
 practitioner must convey that the quantity ordered is medically necessary, and that
 indicator should be recorded on the transcribed prescription in the pharmacy.
- With respect to prescriptions for non-exempt opioids for more than a seven-day supply where the quantity medically necessary indicator is missing, the pharmacist should contact the prescriber to remind them of that requirement.
 - When the opioid prescribed is listed in Schedules III, IV, or V, the pharmacist may obtain the quantity medically necessary indicator verbally and record that information on the prescription form in the same manner as any other consultation. If there is a delay in receiving that indication from the prescriber, the pharmacist may offer to dispense one or more partial fills of up to a seven-day supply in the interim.
 - When the opioid prescribed is listed in Schedule II, the pharmacist may not add the quantity medically necessary indicator to the prescription and should request a replacement prescription. If there is a delay in receiving that replacement prescription from the prescriber, the pharmacist may offer to dispense one or more partial fills of up to a seven-day supply in the interim.
- With respect to partial fills of Schedule II prescriptions, pharmacists may dispense
 multiple partial fills for up to 30 days after the date of issuance of the prescription (<u>not</u> for
 30 days following the first dispensing). This provision is separate from the provision for
 partial fills for up to 60 days for patients in long-term care facilities and for those
 prescriptions documenting a terminal illness on the prescription form.
- With respect to partial fills of Schedule III to V prescriptions, pharmacists may dispense
 multiple partial fills for the life of the prescription, which expires six months after the date
 of issuance of the prescription.